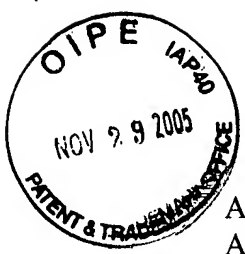


ZFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/685,004
Applicant : S. Zaidi et al.
Filed : October 15, 2003
TC/A.U. : 2818
Examiner : HO, Tu Tu V.
Docket No. : 0928.0064C
Customer No. : 054500
Confirmation No. : 4281
Title : Mask and Method for Using the Mask in Lithographic Processing

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF AMENDMENT

Enclosed are the following documents in response to the Office Action mailed September 29, 2005, for the above-identified application:

- ☒ Amendment (6 Pages)
- ☐ Petition for Extension of Time
- ☐ Request for Approval of Drawing Changes
- ☐ Notice of Appeal
- ☐ Associate Power
- ☐ Revocation and New Power
- ☐ Change of Address
- ☐ Return receipt postcard
- ☐ Check No. in the amount of ____ for the total fee as calculated below
- ☒ Other: Information Disclosure Statement

The fee has been calculated as follows:

	NO OF CLAIMS REMAINING	NO. OF CLAIMS PREVIOUSLY PAID FOR	NO OF EXCESS CLAIMS	RATE	FEE
Total Claims	21	- 20 =	0	\$50.00	0.00
Independent Claims	4	- 3 =	0	\$200.00	0.00
If multiple dependent claims are presented, add \$360.00					0.00
Total Amendment Fee					0.00
<input type="checkbox"/> Applicant claims Small Entity Status (subtract 50% of Total Application Fee)					0.00
Other fees: (specify)					
TOTAL FEE DUE					0.00

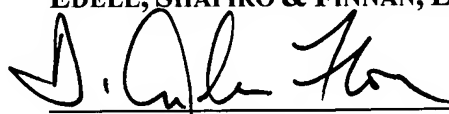
- ☐ A check for the total fee is attached.
- ☐ Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- ☒ The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: November 29, 2005

EDELL, SHAPIRO & FINNAN, LLC
CUSTOMER NO. 27896
1901 Research Boulevard, Suite 400
Rockville, MD 20850
(301) 424-3640

Respectfully submitted by
EDELL, SHAPIRO & FINNAN, LLC

By:



D. Andrew Floam
Reg. No. 34,597